

Regular Meeting of the Oklahoma State Board of Health
Tuesday, April 9, 2019, 1:00 PM
Posted at www.health.ok.gov
Oklahoma State Department of Health
1000 NE 10th Street, 11th Floor, Room 1102
Oklahoma City, OK 73117

AGENDA

- I. Call to Order, Roll Call, and confirmation of a Quorum
 - II. Review, discussion and approval of Minutes for:
 - a. February 12, 2019 Regular Meeting
 - III. OSDH Financial Presentation - Gloria Hudson, Chief Financial Officer
 - a. Update on February 2019 financial statements
 - IV. Community Health Services Presentation – Mendy Spohn, Regional Director for Carter, Jefferson, Johnston, Love, Marshall, Pontotoc and Stephens County Health Departments
 - a. Operationalizing the partnership between Chickasaw Nation and local public health departments: An overview of current and future program opportunities
 - V. Family Health Services Presentation – Dr. Jana Winfree, Director, Dental Health Service
 - a. Overview of Dental Public Health
 - VI. Prevention & Preparedness Services Presentation - Laurence Burnsed, Interim Deputy Commissioner/State Epidemiologist and Scott Sproat, Director, Emergency Preparedness and Response
 - a. Opioid response community events scheduled this summer
 - b. State operational readiness review results
 - VII. Protective Health Services Presentation - Rocky McElvany, Deputy Commissioner
 - a. Discuss program highlights from 2019 Protective Health Services Annual Review
- BREAK
- VIII. Chief Medical Officer Report – Dr. Edd Rhoades, Chief Medical Officer and Kelli D. Rader, Regional Director for Payne, Kay, Noble, and Pawnee County Health Departments
 - a. Childhood Lead Poisoning 2019 Update: A Kay County Perspective
 - IX. Legislative and Policy Update - Ashley Scott, Legislative Liaison and Buffy Heater, Chief Data, Public Policy & Promotion Officer
 - a. Provide legislative update
 - b. Discuss recent rule promulgation activities
 - X. Interim Commissioner Report – Tom Bates, J.D., Interim Commissioner
 - a. Update and possible discussion on agency progress and program activity since last regular Board of Health meeting
 - XI. Adjournment

STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 NE 10th Street, 11th Floor, Room 1102
Oklahoma City, Oklahoma 73117

February 12, 2019

CALL TO ORDER, ROLL CALL, AND CONFIRMATION OF A QUORUM

Timothy Starkey, President of the Oklahoma State Board of Health, called the regular meeting of the Oklahoma State Board of Health to order on Tuesday, February 12, 2019 at 1:07 p.m. The final agenda was posted at 11:50 a.m. on the OSDH website on February 11, 2019, and at 11:50 a.m. at the building entrance on February 11, 2019.

Members in Attendance: Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.; Edward A. Legako, M.D.; Becky Payton; Chuck Skillings; Timothy E. Starkey, M.B.A.

Absent: Jenny Alexopoulos, D.O.; Terry R. Gerard II, D.O.; Ronald D. Osterhout

Central Staff Present: Tom Bates, Interim Commissioner; Brian Downs, Chief of Staff; Kim Bailey, Chief Operating Officer and Chief Legal Counsel; Buffy Heater, Chief Data, Public Policy & Promotion Officer; Gloria Hudson, Chief Financial Officer; Tina Johnson, Deputy Commissioner, Family Health Services; Dr. Edd Rhoades, Chief Medical Officer; Laurence Burnsed, Interim Deputy Commissioner/State Epidemiologist, Prevention and Preparedness Services; Keith Reed, Deputy Commissioner, Community Health Services; Gunnar McFadden, Assistant Deputy Commissioner, Community Health Services; Rocky McElvany, Deputy Commissioner, Protective Health Services; Julie Myers, Director, Medical Facilities; Dana Northrup, Director, Grants Administration and Federal Compliance; Joyce Marshall, Director, Maternal and Child Health Service; Don Smalling, Interim Director, Office of Accountability Systems; Terry Bryce, Assistant Deputy Commissioner, Family Health Services; Lisa Caton, Director, Screening and Special Services; Susan Quigley, Jen Baysinger, Patricia Burk and Lindsay Denson, Screening and Special Services; Luvetta Abdullah, Protective Health Services; Anthony Kibble, Health Policy, Planning and Partnerships; Ashley Scott, Legislative Liaison; Tony Sellars, Director, Office of Communications; and Diane Hanley, Executive Assistant, Commissioner’s Office.

REVIEW, DISCUSSION AND APPROVAL OF MINUTES

Mr. Starkey directed attention toward approval of the Minutes for the December 11, 2018 regular meeting. **Mrs. Payton moved Board approval of the December 11, 2018 regular meeting minutes as presented. Second Dr. Grim. Motion Carried.**

AYE: Grim, Krishna, Legako, Payton, Starkey

ABSTAIN: Skillings

ABSENT: Alexopoulos, Gerard, Osterhout

OSDH FINANCIAL PRESENTATION

Ms. Gloria Hudson, Chief Financial Officer, provided an overview of the State Fiscal Year (SFY) 2020 budget requests and SFY 2019 financial reports as of December 31, 2018. Some of the budget requests include county health department funding, a new OSDH financial system, immunizations, state health lab, Pathfinder, and an online application system. She reviewed the statement of cash flows and revenue collections breakout. This budget reflects a \$17.8 million increase from the prior budget due to three renewed grants and excess Oklahoma Medical Marijuana Authority (OMMA) collections. The \$30 million supplemental appropriation will be returned to the legislature. It is anticipated that the agency will end the year with a positive state dollar variance.

Discussion was held concerning the new public health lab. The bond for the lab was approved. Construction of the new lab has not begun. Location options for a new lab are being considered. This is an ongoing project and OSDH wants to be intentional on looking at all options and choosing the option that is the most feasible and efficient moving forward.

A question was raised about the cost and expenses to implement SQ 788. Currently the program is budgeted at

1 \$5.8 million. Overall the program has generated more revenue than costs.

2 *See Attachment A*

3
4 **COMMUNITY HEALTH SERVICES PRESENTATION**

5 Mr. Keith Reed, Deputy Commissioner, Community Health Services (CHS), shared a data platform utilized to
6 forecast county level budget and staffing. He explained that CHS was facing the challenge of budgeting for 68
7 unique county health departments with different funding sources and resource needs. Each county health
8 department is both a state and county entity. Mr. Reed showed board members a dashboard reflecting the state
9 level picture for each county. The colors on the dashboard indicated the following:

- 10 • Green – maintains at least 35% carryover (reserve threshold)
- 11 • Yellow – above 35% but less than 50% of carryover
- 12 • Red – below the 35% carryover

13 Mr. Reed stated that when a new fiscal year begins, it takes a while to collect taxes. The 35% carryover
14 (reserve threshold) amount allows the county health department to maintain continuity of operations until the
15 new taxes start to trickle in. Using this data platform tool, Mr. Reed hopes to project out three years to help
16 determine funding sustainability for the county health departments. Staff will be able to see the data at the state
17 level including staffing, programs, services, and budgets across the state.

18
19 A question was asked in regard to the \$780,000 budget request for the county health departments and how that
20 dollar amount will bring some stabilization. Mr. Reed conveyed that this dollar amount would ensure every
21 county health department would be open five days a week and have a registered nurse (RN) and an
22 administrative assistant at each location. This dollar amount will also stabilize some counties that are dropping
23 below the 35% carryover.

24
25 Another question was raised about the possibility of reopening some county health departments that had been
26 closed in the past. Mr. Reed responded that no county health departments will be opened at this time. He
27 pointed out that previously secondary county health department sites were closed, not primary sites, so the
28 focus has remained on the primary sites being properly staffed and open.

29
30 **FAMILY HEALTH SERVICES PRESENTATION**

31 First, Ms. Tina Johnson, Deputy Commissioner, Family Health Services, announced that Terry Bryce has been
32 named Assistant Deputy Commissioner for Family Health Services and he will continue to serve as the WIC
33 Director. Next, Ms. Johnson highlighted some current activities of Screening & Special Services (SSS), which
34 is directed by Ms. Lisa Caton. She discussed that newborn screening is mandated by statute and currently tests
35 for 54 hidden conditions at birth. SSS is proposing a rule change to include four additional conditions: Pompe,
36 MPS I, SMA and X-ALD. There was discussion that due to certain circumstances a very small percentage of
37 babies do not get screened but staff work hard to keep that number to a minimum. Then, Ms. Johnson touched
38 on the newborn hearing screening program. She explained that every baby born in Oklahoma is required to
39 have their hearing checked prior to leaving the hospital. In addition, SSS has the Oklahoma Birth Defects
40 Registry which is an active surveillance system that monitors over 1,000 different birth defects and provides
41 families with information and available resources. Finally, she talked about the childhood lead poisoning
42 prevention program. All Oklahoma children are required to have a blood lead screening at 12 and 24 months
43 of age. Currently, 27% of children have received the mandatory blood lead test. This area conducts
44 surveillance of elevated childhood lead levels, provides case management, performs environmental
45 investigations to identify the source of lead exposure to children and identifies steps to reduce blood lead levels
46 and associated adverse outcomes.

47 *See Attachment B*

48
49
50 **PREVENTION & PREPAREDNESS SERVICES PRESENTATION**

51 Mr. Laurence Burnsed, Interim Deputy Commissioner/State Epidemiologist, Prevention & Preparedness
52 Services, shared news that the Public Health Laboratory successfully completed the College of American
53 Pathologist (CAP) Accreditation process. The accreditation is good for two more years. In the Acute Disease
54 Service, Mr. Burnsed said that there are two ongoing investigations in Oklahoma for confirmed cases of
55 tuberculosis (TB) and he outlined the standard investigation process that OSDH staff are facilitating. He

1 informed the board that Mr. Anthony Lee has been named the new Director for Acute Disease Service.
 2 Recently, a group of national researchers conducted a study on the prevalence of persons living with hepatitis
 3 C. Mr. Burnsed shared that the results revealed Oklahoma was found to have a high prevalence for persons
 4 living with hepatitis C. To address this issue, the OSDH applied to participate in the ASTHO bio-hepatitis
 5 elimination planning process. Mr. Burnsed has learned that Oklahoma was selected to participate. This
 6 opportunity will allow the OSDH to work with other states and subject matter experts to generate a plan of
 7 action to eliminate hepatitis. Mr. Burnsed announced that Mrs. Kristen Eberly has been selected as the new
 8 Director for HIV/STD. He also mentioned that the OSDH HIV/STD program teamed up with the CDC, the
 9 NYC Department of Health and other partners to bring a 2-day training (Institute for HIV) to Oklahoma. This
 10 event was held at the health department with over 50 attendees and was well received.

11
 12 Brought forward for discussion was the importance of getting a flu shot and looking at efforts to improve
 13 immunizations rates in Oklahoma. It was emphasized that immunizations are part of the core mission of the
 14 OSDH.

15
 16 **PROTECTIVE HEALTH SERVICES PRESENTATION**

17 Mr. Rocky McElvany, Deputy Commissioner, Protective Health Services, briefly reviewed the Civil Monetary
 18 Penalty (CMP) fund along with Ms. Julie Myers, Director of Medical Facilities, who manages the CMP Fund
 19 Program at OSDH. It is a funding program designed to benefit residents in Medicare or Medicaid certified
 20 nursing facilities. CMP monies are collected by the Centers for Medicare and Medicaid (CMS) as a result of
 21 penalty fines on nursing homes. CMS keeps a portion of the monies and then distributes the remaining dollars
 22 to the state to specifically use toward improving care in nursing homes. Since October 2013, OSDH has
 23 received \$12.5 million dollars approved for 26 different projects. Currently \$4.5 million is allocated for extra
 24 projects. In order to use these funds, there is an application process in place. The application is reviewed here
 25 at OSDH first and if approved it goes to CMS for further evaluation and approval to ensure the application is
 26 in compliance with the law, interpretive guidance and federal registry. OSDH assures the funds are spent
 27 wisely and dispersed equitably across the state. Ms. Myers explained that staff look at nursing home composite
 28 scores, quality measures, and systems to help determine areas of greater need. A few of the CMP funding
 29 focus areas include falls, antipsychotic medication use, hospitalizations, pain, and vaccines.

30 *See Attachment C*

31
 32 **CHIEF MEDICAL OFFICER REPORT**

33 Dr. Edd Rhoades, Chief Medical Officer, discussed the new position of Chief Medical Officer and stated he
 34 will be working closely with Commissioner Bates in developing the role and responsibilities. Currently, this
 35 position assists with research and development of health policy. It serves as medical advisor to agency
 36 leadership and OSDH programs on public health and medical issues. As Chief Medical Officer, Dr. Rhoades
 37 will represent the OSDH on a variety of state agency committees, councils, boards, workgroups and
 38 professional organizations. Recently, he has been working with Nursing Services to update the Public Health
 39 Nurse Protocols. If there is a medical director vacancy at a county health department, Dr. Rhoades will step in
 40 and cover as medical director to ensure nurses can provide needed services until a new medical director is
 41 named. This position will serve as medical consultant to the Public Health Laboratory, the Childhood Lead
 42 Poisoning Prevention Program, and several OSDH program areas. Dr. Rhoades has been in contact with
 43 eleven other states to gather information on the Chief Medical Officer position and he will focus on developing
 44 a draft job description.

45 *See Attachment D*

46
 47 **LEGISLATIVE AND POLICY UPDATE**

48 Mrs. Ashley Scott, Legislative Liaison, provided an update on legislative activities. OSDH staff is working
 49 diligently to build relationships with legislators. In January, they prepared and delivered informational packets
 50 to several legislative members. The packets included an overview of the health department, information on
 51 Regional Directors, and contact information for legislators in case they might have questions or need
 52 assistance. The legislative session started Monday, February 4, 2019. The bill tracking list is completed and
 53 board members will receive a weekly update on progress. Staff is closely watching a few bills such as the
 54 Tobacco Coalition Indoor Clean Air Initiative and Oklahoma Medical Marijuana Authority. The regional

1 directors will be at the capitol on February 13 meeting legislators that represent their regions of the state and
2 sharing important data on their county health departments.
3

4 Mrs. Buffy Heater, Chief Data, Public Policy & Promotion Officer, detailed the agency policy development
5 process and rule promulgation efforts. In the fall, ideas were solicited from across the agency for potential
6 rules changes and program area content experts began working on developing rule language. The draft rule
7 language was reviewed by the appropriate statutorily created councils and committees for approval or denial.
8 The Commissioner reviewed and approved all the rules before they were submitted to the Secretary of State.
9 Nineteen rules were submitted on January 25, 2019. These rules will be open February 15-March 21, 2019 for
10 a public comment period and be posted to the OSDH website. Public hearings on the rules are scheduled for
11 March 18th and March 19th here at OSDH. Formal rule submissions to the legislature must occur no later than
12 April 1, 2019.
13

14 **PRESIDENT’S REPORT**

15 Mr. Tim Starkey, Board President, reported that the executive committee met earlier with Interim
16 Commissioner Bates and Brian Downs. He had nothing new to report and yielded his time to Commissioner
17 Bates.
18

19 **INTERIM COMMISSIONER’S REPORT**

20 Mr. Tom Bates, Interim Commissioner, shared that the OSDH is committed to being available to board
21 members and ensuring they get the information needed to be effective advocates for public health. He stated
22 that a new Grants Administrator, Dana Northrup, has been hired and will be a direct report to the
23 Commissioner. That position will provide oversight, grant compliance and ensure that every grant dollar is
24 utilized appropriately. Mr. Bates mentioned that he has met with Secretary John Budd on some agency IT
25 issues and projects. He wants to focus on the agency needs as well as address important public health issues
26 such as obesity, tobacco use, immunizations, and HIV/STDs to move the needle where the OSDH can to
27 improve overall rankings. He emphasized the need to be diligent in staffing county health departments,
28 working with partners, and educating the public on effective STD treatments. Mr. Bates has asked the OSDH
29 communications team to work with HIV/STD to utilize effective communication strategies to educate those
30 who need it most.
31

32 **DISCUSSION OF POTENTIAL RECOMMENDATIONS ON AGENDA ITEMS FOR 2019 BOARD**
33 **OF HEALTH MEETINGS**

34 Overall, board members enjoyed a longer meeting format and hearing from a variety of program areas. Topics
35 that board members would like to hear more about include oral health, county health departments, legislative
36 activity and rulemaking.
37

38 **ADJOURNMENT**

39 **Mr. Skillings moved Board approval to Adjourn. Second Grim. No roll call.**
40

41 The meeting adjourned at 3:35 p.m.
42

43 Approved
44

45
46
47 _____
48 Timothy E. Starkey, M.B.A.
49 President, Oklahoma State Board of Health
April 9, 2019

Oklahoma State Department of Health State Fiscal Year 2019 Financial Update

Chief Financial Officer
February 12, 2019



ATTACHMENT A

2020 Budget Requests

Operating Request	FY 2020 Request	Ongoing?
County Health Department Funding	\$780,000	Y
Finance System	\$2,000,000	Y
Immunization Vaccines for Children and Adolescents	\$1,516,493	Y
Childhood Lead Screening Program	\$260,150	Y
Infectious Disease Prevention	\$830,525	Y
State Health Laboratory	\$4,500,000	Y
Pathfinder/Defined Benefit Plan Costs Not Allowable – Federal Grants	\$3,500,00	Y
Online Application System	\$1,533,435	Y
FY 2020 request total:	\$14,920,603	



1. County Health Department Funding

Funding will ensure each county health department can provide a core level of public health services to the local population for which it is responsible. Savings and efficiencies will be attained through decreased travel expense/time as staff are continually being redirected to various counties trying to provide minimum coverage. Further, this will help re-stabilize the county staff and return some remaining CHD sites to being open five days a week.

2. Finance System

The funding change will allow OSDH to obtain a new financial system to become compliant with Federal and State Financial System requirements.

3. Immunization Vaccines for Children and Adolescents

This funding will allow the OSDH to provide necessary vaccines through county health department regional hubs to increase Oklahoma child immunization rates.

4. Childhood Lead Screening Program

Increased provider education is needed to improve screening rates of children, and to protect Oklahoma's children from adverse health effects of lead exposure. In addition, a provision of screening through county health department clinics coordinated with primary care providers will provide safety net services.



5. Infectious Disease Prevention

This funding will allow the OSDH to provide medications and other prevention efforts through county health departments necessary to prevent the spread of TB and STDs.

6. State Health Laboratory

The new lab will improve current physical limitations, outdated mechanical systems, outdated air handling units and deterioration of current location which has decreased the lab's efficiency to optimize and validate new testing methodologies required by national accrediting agencies, College of American Pathology and Centers for Medicare and Medicaid Services. In 2017, the Department of Health was authorized to build this new health lab with the bond funds, although they have not started this project yet. This funding change will be used to pay for principal and interest on the 20-year bond.

7. Pathfinder/Defined Benefit Plan Costs Not Allowable – Federal Grants

A portion on the Pathfinder/Defined Contribution retirement costs are not allowable for grants to pay. With OSDH being approximately 60% grant funded, this places an extra burden on the agency to have to expend State or Revolving dollars to pick up these expenses. With the hiring of so many new State employees, this burden will only continue to grow.

8. Online Application System

The increase in funding is to purchase an online system which will allow easier access for public online licensure and payment and will streamline administrative licensing and inspection processes.



**Oklahoma State Department of Health
Statement of Revenues and Expenditures
SFY 19, For the Six Month Period Ended December 31, 2018**

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Revenues:					
State Appropriations	\$ 54,874,700	\$ 27,437,350	\$ 27,437,352	\$ (2)	0%
Licenses, Certificates and Fees	36,395,160	18,197,580	22,559,008	(4,361,428)	24%
Genetic Counseling License Revenue	25,000	12,500	12,200	300	-2%
Hotel & Restaurant License	5,964,470	2,982,235	3,401,693	(419,459)	14%
Physicians Laboratory Fee	2,300,043	1,150,021	1,865,741	(715,720)	62%
Public Health Special Fund-Other	5,497,825	2,748,913	1,449,558	1,299,354	-47%
Home Health Care Revolving Fund	150,000	75,000	151,980	(76,980)	103%
Ok Natnl Background Check Revolving Fund	1,250,000	625,000	687,718	(62,718)	10%
Trauma Care Assistance Revolving Fund	6,639,785	3,319,892	3,648,226	(328,334)	10%
Birth & Death Certificates	6,913,604	3,456,802	3,440,634	16,168	0%
OMMA	7,400,233	3,700,117	7,809,434	(4,109,317)	111%
OK State Athletic Commission Revolving Fund	254,200	127,100	91,823	35,277	-28%
Tobacco Tax	15,599,550	7,799,775	6,840,488	959,287	-12%
Cigarette Tax	11,163,773	5,581,886	3,916,804	1,665,082	-30%
Tobacco Products Tax	2,588,399	1,294,200	1,399,786	(105,586)	8%
Tribal Compact InLieu Tax Pmts	1,847,378	923,689	1,523,898	(600,209)	65%
WIC Rebate Program	55,000,000	27,500,000	23,777,839	3,722,161	-14%
Federal Funds	153,321,111	76,660,556	59,666,780	16,993,776	-22%
Ryan White	25,344,242	12,672,121	9,889,194	2,782,927	-22%
Other	127,976,869	63,988,435	49,777,586	14,210,848	-22%
FY 18 Cash Utilization	28,160,849	28,160,849	28,160,849	0	0%
Reimbursement for Personnel Services	29,453,583	14,726,792	12,426,981	2,299,810	-16%
Other	19,647,890	9,823,945	8,310,907	1,513,038	-15%
Total Revenue	\$ 392,452,843	\$ 210,306,846	\$ 189,180,205	\$ 34,718,276	-17%



**Oklahoma State Department of Health
Statement of Revenues and Expenditures-Continued
SFY 19, For the Six Month Period Ended December 31, 2018**

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Expenditures:					
Payroll	\$ 148,764,171	\$ 74,382,085	\$ 58,150,415	\$ 16,231,670	-22%
Travel	2,840,473	\$ 1,420,236	606,778	813,459	-57%
Other Professional Services	65,026,534	\$ 32,513,267	10,411,754	22,101,513	-68%
Telecommunications/Printing Services	10,552,832	\$ 5,276,416	1,209,592	4,066,824	-77%
Rent	3,149,601	\$ 1,574,801	1,411,196	163,604	-10%
Maintenance and Repair	4,091,029	\$ 2,045,515	880,645	1,164,869	-57%
Laboratory & Medical Supplies and Materials	14,911,754	\$ 7,455,877	5,534,618	1,921,259	-26%
Office/Safety Supplies	1,991,091	\$ 995,545	198,840	796,706	-80%
WIC Program	57,795,899	\$ 28,897,950	22,312,237	6,585,712	-23%
Program Reimbursements	45,063,110	\$ 22,531,555	7,929,775	14,601,780	-65%
Payments- Health & Social Services	34,700,259	\$ 17,350,130	7,052,576	10,297,553	-59%
Miscellaneous	3,566,092	\$ 1,783,046	251,226	1,531,820	-86%
Total Expenditures	\$ 392,452,843	\$ 196,226,422	\$ 115,949,653	\$ 80,276,768	-41%
Revenues Over/(Under) Expense	\$ (0)	\$ 14,080,425	\$ 73,230,551		



ATTACHMENT A

Oklahoma State Department of Health Forecasted SFY 19 Collections by Fund Based upon the Six Month Period Ended December 31, 2018

Fund	Fund Description	SFY19 Current BWP	Collections	Forecasted Collections	Surplus/(Deficit)
19901	GRF Duties	\$ 54,874,700.00	\$ 27,437,352.00	\$ 27,437,352.00	\$ 4.00
20300	Genetic Counseling Licens. Rev	25,000.00	12,200.00	12,200.00	(600.00)
20400	Tobacco Prevntn & Cessatn Fnd	1,330,594.87	553,012.51	553,012.51	(224,569.85)
21000	Public Health Special Fund	69,509,902.19	35,800,695.91	35,800,695.91	2,091,489.63
21100	Nursing Facility Adm Penalties	23,550.73	-	-	(23,550.73)
21200	Home Health Care Revolving Fd	151,000.00	152,480.00	152,480.00	153,960.00
21600	Ok Natl Background Check Revol	1,250,000.00	687,718.00	687,718.00	125,436.00
22000	Civil Monetary Penalty Revl Fd	1,575,000.00	773,145.56	773,145.56	(28,708.88)
22200	Oklahoma Organ Donor Education	145,000.00	42,356.78	42,356.78	(60,286.44)
22500	Breast Cancer Act Revolving Fd	15,000.00	8,420.00	8,420.00	1,840.00
22600	Ok Sports Eye Safety Prog Revl	150.00	-	-	(150.00)
23300	OK Pre Birth Def, Pre Birth &	160.00	60.00	60.00	(40.00)
23500	Oklahoma Lupus Revolving Fund	165.00	2.00	2.00	(161.00)
23600	Trauma Care Assistance Revolv	24,323,612.66	11,134,599.65	11,134,599.65	(2,054,413.36)
24200	Pancreatic Can Res Lic Plt Rev	1,500.00	420.00	420.00	(660.00)
24800	OMMA Tax Collections	-	1,343.09	1,343.09	2,686.18
26500	Child Abuse Prevention Fund	47,145.00	23,305.00	23,305.00	(535.00)
26700	EMP Death Benefit Revolv Fund	2,800.00	1,220.00	1,220.00	(360.00)
26800	Okla Emerg Resp Syst Stab & Im	1,787,765.00	735,934.45	735,934.45	(315,896.10)
28400	Dental Loan Repayment Revolvin	463,670.00	114,968.84	114,968.84	(233,732.32)
29500	Ok State Ath Comm Revolving Fd	254,200.00	91,822.88	91,822.88	(70,554.24)
34000	CMIA Programs Disbursing Fund	55,000,000.00	23,777,839.11	23,777,839.11	(7,444,321.78)
40000	Federal Funds	128,166,837.00	49,781,266.37	49,781,266.37	(28,604,304.26)
41000	Federal Funds - Ryan White	8,438,135.00	1,495,840.73	1,495,840.73	(5,446,453.54)
41100	Federal Funds - Ryan White	16,906,107.00	8,393,353.13	8,393,353.13	(119,400.74)
Total OSDH		\$ 364,291,994.45	\$ 161,019,356.01	\$ 161,019,356.01	\$ (42,253,282.43)
Forecasted Collections Over (Under) Budget					\$ (42,253,282.43)



ATTACHMENT A

Oklahoma State Department of Health Forecasted SFY 19 Expenditures by Fund Based upon the Six Month Period Ended December 31, 2018

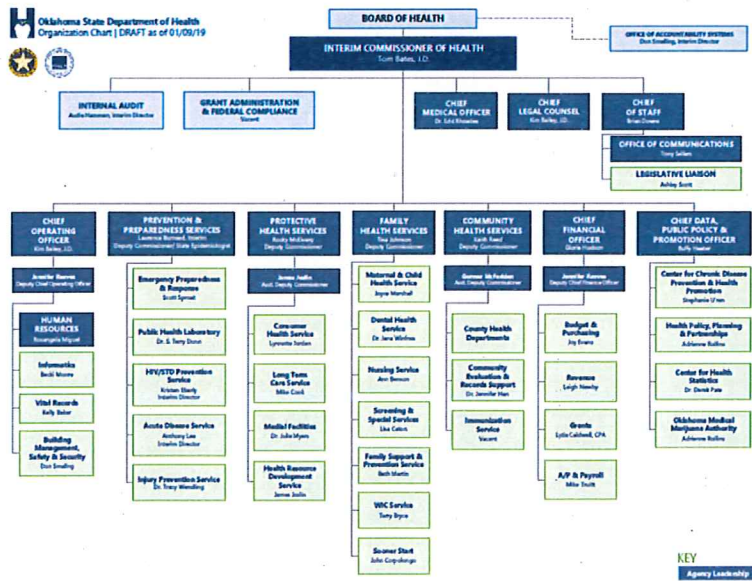
Fund	Division Description	SFY19 Current BWP	Expenditures	Encumbrances	Forecasted Expenditures	Surplus/(Deficit)
198	2018 State Appropriations	\$ 5,602,107.00	\$ 82,569.04	\$ 871,522.61	\$ 85,862.10	\$ 4,562,153.25
199	2019 State Appropriations	54,874,699.69	16,871,103.21	11,261,711.31	13,344,368.35	13,397,516.82
203	Genetic Counseling Licensure Revolving Fund	16,380.00	5,513.16	1,596.00	5,402.88	3,867.96
204	Tobacco Prevention and Cessation Revolving Fund	2,466,056.31	76,540.99	1,036,107.38	53,641.56	1,299,766.38
207	Alternatives-to-Abortion Services Revolving Fund	17,951.00	-	-	-	17,951.00
210	Public Health Special Fund	74,026,852.15	23,393,725.75	13,250,664.15	20,023,332.06	17,359,130.19
212	Home Health Care Revolving Fund	177,487.98	42,855.44	43.03	46,086.01	88,503.50
216	National Background Check	2,350,188.26	742,923.48	677,646.99	32,297.61	897,320.18
220	Civil Monetary Penalty	6,586,172.93	1,003,612.88	1,581,047.84	20,619.50	3,980,892.71
222	Organ Donor Awareness Fund	130,000.00	-	90,000.00	-	40,000.00
225	Breast Cancer Act Revolving Fund	130,093.83	16,529.53	3,689.00	17,815.26	92,060.04
228	Oklahoma Leukemia and Lymphoma Revolving Fund	50,000.00	-	-	-	50,000.00
236	Trauma Care Assistance Revolving Fund	22,972,414.80	4,961,497.86	424,681.83	16,714,939.08	871,296.03
265	Child Abuse Prevention Revolving Fund	120,000.00	8,381.91	26,990.37	-	84,627.72
267	EMT Death Benefit Revolving Fund	20,000.00	-	-	-	20,000.00
268	Rural EMS Revolving Fund	1,787,765.00	252,254.50	1,387,590.43	-	147,920.07
284	Dental Loan Repayment Revolving Fund	463,670.00	183,356.00	-	183,356.00	96,958.00
295	Oklahoma Athletic Commission Revolving Fund	289,256.92	86,750.38	5,102.50	92,726.36	104,677.68
340	CMIA - WIC FOOD	55,395,899.00	21,011,668.00	0.01	-	34,384,230.99
400	Federal Fund	139,631,694.62	41,637,045.86	36,601,182.25	30,303,230.91	31,090,235.60
410	Ryan White Grant	8,438,046.71	1,231,007.71	1,081,205.77	149,478.06	5,976,355.17
411	Ryan White Rebate	16,906,107.00	4,342,317.64	11,493,179.99	183,519.98	887,089.39
						-
Total OSDH		\$ 392,452,843.20	\$ 115,949,653.34	\$ 79,793,961.46	\$ 81,256,675.72	\$ 115,452,552.68
	Forecasted Expenditures (Over) Under Budget					\$ 115,452,552.68



Oklahoma State Board of Health

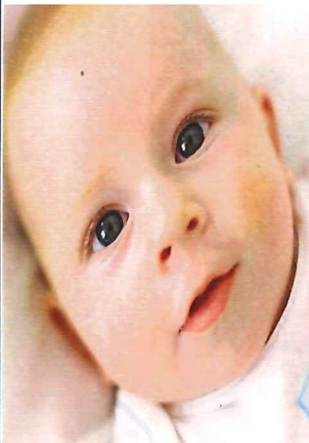
Family Health Services Update Screening & Special Services

Tina R Johnson, MPH, RN
Deputy Commissioner
February 12, 2019



Screening and Special Services

Director, Lisa Caton, RN, MS



- Newborn Screening Program
- Newborn Hearing Screening Program
- Oklahoma Childhood Lead Poisoning Prevention Program
- Oklahoma Birth Defects Registry
- Genetics Program

3

Newborn Screening

- ❖ Every baby born in Oklahoma is required to have a blood test in the first week of life
- ❖ The newborn screen tests for 54 hidden conditions: proposed rule changes to add 4 more conditions-Pompe, MPS I, SMA & X-ALD
 - Estimated Number of Children Identified with:
 - SMA 5-9 children annually
 - X-ALD 1-2 children annually
 - MPS I 1 child every other year
 - Pompe 1 child annually
- ❖ Healthcare provider and family notified of abnormal results
- ❖ Case management until the child is either determined not to be affected or diagnosed by a specialist & placed on treatment
- ❖ Telemedicine for Infants identified with Metabolic illness
- ❖ Newborn Screening Results available 24 hours a day, 7 days a week



4

Newborn Screening Data for CY 2016

- 52,607 births (OK2Share)
- 2,797 newborn with out-of-range newborn screen results which required follow-up activities
- 121 infants diagnosed



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5

Newborn Hearing Screening Program

- ❖ Every baby born in Oklahoma is required to have their hearing checked before leaving the hospital
- ❖ Healthcare provider and family notified of abnormal results
- ❖ Case management until the child is either determined to not have hearing loss or diagnosed with hearing loss by a pediatric audiologist & placed in early intervention services
- ❖ Provides equipment to birthing hospitals to perform initial newborn hearing screening
- ❖ Provides equipment for SoonerStart, Child Guidance & county health departments for follow-up hearing screening for children birth to 13 years of age.
- ❖ Work with partners across the state such as the Oklahoma Family Network



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6

Newborn Hearing Screening Data for CY 2016

- 52,607 births (OK2Share)
- 7,500 required follow-up activity (did not pass their initial hearing screen, not screened at birth or had a risk factor for late onset hearing loss)
- 110 diagnosed with hearing loss



7

Oklahoma Birth Defects Registry

- ❖ Active surveillance system that monitors over 1,000 different birth defects
- ❖ Collaborates with birthing hospitals across the state to identify children who meet case definition
- ❖ OBDR staff looks through thousands of medical records to identify & abstract pertinent information for the approximately 1800 children born each year with a birth defect
- ❖ Provides families with information about available resources (support groups, early intervention, etc.)
- ❖ Provides birth defect prevention education across the state
- ❖ Provides multivitamins with folic acid to county health departments for distribution to women of child bearing age



8

Oklahoma Birth Defects Registry

Preliminary Data for CY 2016

- 52,607 births (OK2Share)
- 1,778 children identified with a birth defect and included in the registry



9

Oklahoma Childhood Lead Poisoning Prevention Program

- ❖ All Oklahoma Children are required to have a blood lead screening at 12 & 24 months of age or any child up to 6 that hasn't been tested
- ❖ All blood lead test results are to be reported to OSDH
- ❖ Conducts surveillance of elevated childhood lead levels
- ❖ Provides case management for children 6-72 months of age who have an elevated blood lead level
- ❖ Performs environmental investigations to identify the source of lead exposure for children who are identified with significantly elevated blood lead levels
 - Identify steps to take to reduce the lead level & associated adverse outcomes
- ❖ Works with county health departments when children with elevated levels are identified
- ❖ Ottawa County and Blackwell (Kay County)
- ❖ Budget request for \$260,150



10

Childhood Lead Program continued

- ❖ Supplemental grant funding received
 - Focus on adults with elevated blood lead levels
 - Adult blood lead results that we currently have into our HLPPPS system
 - Cross check addresses for adults with elevated blood lead levels to addresses of children with elevated blood lead levels
 - Provide education to adults with elevated leaves & recommend for any children in the home be tested
 - Coordinate with HUD to ensure children with elevated blood lead levels are not living in government housing
 - Investigate possible reimbursement for environmental investigations



11

Oklahoma Childhood Lead Poisoning Blood Lead Surveillance Data for CY 2017 as of 12/17/2018:

- Received 57,678 lead test results on 52,204 Oklahoma children age 6 – 72 months
 - ~27.2% of 12 and 24 month old children received their mandatory blood lead test, an increase from 23.5% in 2016.
- 1,608 children received case management services
- 978 (1.9%) of children had an elevated blood lead level (EBLL) $\geq 5 \mu\text{g/dL}$
- 20 children received an environmental investigation (1 EBLL $\geq 20 \mu\text{g/dL}$ or 2 EBLL 15 – 19 $\mu\text{g/dL}$)



12

Staffing update:

- Newborn Screening—One FTE RN
- Newborn Hearing Screening—Two FTEs
- Childhood Lead Poisoning and Prevention— One FTE (two- 0.5 FTEs)
- Interviewing for AA position

- Request for 2020
 - One FTE (NBS AA) due to expanding our NBS testing panel.
 - One genetic counselor FTE
 - Serve multiple departments with OSDH: NBS, Hearing, Birth Defects, SoonerStart, C1, Cancer Registry



13



This picture shows what makes all of this happen! A small but mighty group that has passion for the mission of Screening & Special Services: To provide statewide surveillance, screening and specialized programs to protect the health of Oklahoma children and their families.





14

Elevating Care in Nursing Homes
through the Reinvestment of
Civil Monetary Penalties in
Oklahoma

Presented to the Oklahoma State Board of Health
by Protective Health Services
Deputy Commissioner Rocky McElvany
and Julie Myers, DrPH, CPHQ

**Civil Monetary
Penalty Fund**
OKLAHOMA STATE DEPARTMENT OF HEALTH




 Civil Monetary Penalty Fund
OKLAHOMA STATE DEPARTMENT OF HEALTH

Protecting Residents. Empowering Staff.

Objectives

- Describe the history and purpose of the Civil Money Penalty (CMP) Fund Program
- Detail funds available
- Share examples of current projects
- Review the fund application and award process

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Vision

Elevate the quality of care
in nursing homes
by funding effective projects
based on the needs of
Oklahoma

Elevate Care

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CMP Fund Program

- Created by the Social Security Act of 1987
- Patient Protection and Affordable Care Act of 2010 updated these provisions
- May fund only those projects designed to benefit residents in Medicare or Medicaid certified nursing facilities.
- The Centers for Medicare and Medicaid Services (CMS) must approve all projects.
- Revolving fund established per Oklahoma Statute at Title 63, Section 1-107.4

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Revolving Fund

- October 2018 Balance: \$7,186,609.16
- \$2.4 million awarded SFY2019
- \$4.5 million allocated for new and continuing projects in SFY2020
- Estimate \$1.2m per year available thereafter



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Application and Selection

- <https://CMP.health.ok.gov>
- Interagency contracts
- State Solicitation process
- Proposal review and selection
 - State role
 - CMS role



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CMP Fund Program Goals

- Help Oklahoma become the leader of nursing home quality in our region
- Stretching toward the goal of a 6.0 or better composite score
 - Improved our State Score 20% since December 2014



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Commonalities in Facilities with Composite Scores >

13.03:


- Falls with Major Injury
- Excessive Weight Loss
- Antipsychotic Medication
- Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine



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Funding Focus Areas

- Antipsychotic Use
- Pressure Ulcers
- Dementia Care
- UTIs
- Catheter Use
- Underweight
- Depression
- Consistent Assignment
- Falls/Mobility
- Hospitalizations
- Vaccines
- Person-Centered Care
- Medications
- Staff Stability
- Pain


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CMP Fund Partnerships

- OUHSC Colleges
 - Nursing,
 - Public Health, and
 - Pharmacy
- TMF Health Quality Institute
- LeadingAge Oklahoma
- Apiari
- DISCUSS
- Eden Alternative
- State Ombudsman
- Geriatric Collaborative Care Nursing Services
- Oklahoma Foundation for Medical Quality
- DHS Aging
- OSDH Program Areas


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Current CMP Fund Projects

- Quality Assurance and Performance Improvement Support
- Medication Optimization
- Oral Care
- Immunizations
- Dementia Care
- Fall Prevention
- Medication Optimization
- Long Term Care Leadership Academy

SFY20 Request for Proposals coming spring 2019



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Questions?

CMP Fund Program

405-271-6576

CMP@health.ok.gov

<http://CMP.Health.ok.gov>

Julie Myers, DrPH, CPHQ



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CHIEF MEDICAL OFFICER UPDATE

February 12, 2019

Edd D. Rhoades, M.D., M.P.H



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Background:

Oklahoma State Department of Health

Corrective Action Report - January 1, 2018

- Chief Medical Officer (CMO) position proposed as part of the agency senior leadership team
- Recommended responsibilities of the CMO included:
 - ❖ Work with partner agencies and health professionals in advocating for public health initiatives
 - ❖ Provide consultation and assistance to programs across the agency on public health topics and medical needs.
 - ❖ Focus on the public health functions of the agency
 - ❖ Provide subject matter support to the Commissioner's public health responsibilities.



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Current Responsibilities: Health Policy and Planning

- Researches, prepares or reviews health policy
- Advises agency leadership on public health and medical issues
- Participates on the Oklahoma Health Improvement Team (OHIP)
- Participates on the Core Accreditation Team (PHAB)
- Facilitates the Infant and Children's Health Advisory Council
- Facilitates The Children's Health Group (OHIP)
- Participates on the Oklahoma Perinatal Quality Improvement Collaborative



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Current Responsibilities: Partnership Engagement

- Medical Advisory Committee, OHCA, designee
- Oklahoma Partnership for School Readiness, designee
- Child Death Review Board, OCCY, designee
- SoonerStart Early Childhood Intervention Coordinating Council, designee
- Child Abuse Examiners Board, OCCY, alternate designee
- Oklahoma State Medical Association, member
- Oklahoma County Medical Society, member
- Oklahoma Chapter, American Academy of Pediatrics, member
- Identifies presenters for monthly training meetings of the Oklahoma Head Start Health Managers with the Region VI Health Specialist, Office of Head Start



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Current Responsibilities:**Medical Oversight and Consultation**

- Annually reviews and approves the Public Health Nurse Protocols used in county health departments
- Approves Public Health Nurse Protocols for public health nurses in the central office
- Serves as Interim Medical Director for county health departments when vacancies occur
- Approves the Infection Prevention and Control Manual, Family Planning Manual, and Maternity Program Manual
- Serves as medical director for agency contract with the OHCA and commercial health plans
- Maintains credentialing with OHCA, BCBS, CC



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Medical Oversight and Consultation (cont.)

- Serves as medical consultant to the Public Health Laboratory for College of American Pathologists accreditation
- Serves as medical consultant for purchase of select pharmaceuticals used in Maternal and Child Health
- Family Health Service:
 - ❖ Serves as medical consultant to Family Health Service programs
 - ❖ Medical Director, Child and Adolescent Health Division, Maternal and Child Health Service
 - ❖ Medical consultant to the Childhood Lead Poisoning Prevention Program, Screening and Special Services



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Medical Oversight and Consultation (cont.)

- Emergency Medical Services (EMS) Division, Protective Health Services:
 - ❖ Provides consultation, as needed, on local EMS agency protocol modifications
 - ❖ Serves as Medical Director for licensure renewal of EMS staff
- Emergency Preparedness and Response Service, Prevention and Preparedness Service:
 - ❖ Serves as Medical Director for the Oklahoma Medical Reserve Corp
 - ❖ Assists with emergency shelter responses when needed



Current Responsibilities:

Other OSDH activities:

- Institutional Review Board, member
- Standards Review Committee, reviewer
- Medical Marijuana Food Safety Board, member
- Occupational Health and Risk Management Committee
- Association of State and Territorial Health Officials (ASTHO)
 - ❖ Environmental Health Policy Committee, member



Role Development (in progress) - Next Steps

- Consult with Chief Medical Officers in other similarly organized state public health agencies to further inform the development of the role of the CMO (currently underway)
- Meet with Deputy Commissioners and other agency leaders to further identify needs and develop the role of the CMO (currently underway)



Questions?

Edd D. Rhoades, M.D., M.P.H.

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Telephone: 405 271-5183



**Oklahoma State Department of Health
Statement of Revenues and Expenditures
SFY 19, For the Eight Month Period Ended February 28, 2019**

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Revenues:					
State Appropriations	\$ 54,874,700	\$ 36,583,133	\$ 36,583,136	\$ (3)	0%
Licenses, Certificates and Fees	33,705,435	22,470,290	32,073,704	(9,603,414)	43%
Genetic Counseling License Revenue	25,000	16,667	14,600	2,067	-12%
Hotel & Restaurant License	5,964,470	3,976,313	5,172,171	(1,195,858)	30%
Physicians Laboratory Fee	2,300,043	1,533,362	2,271,166	(737,804)	48%
Public Health Special Fund-Other	2,853,684	1,902,456	1,947,726	(45,270)	2%
Home Health Care Revolving Fund	150,000	100,000	158,980	(58,980)	59%
OK Natnl Background Check Revolving Fund	1,250,000	833,333	933,533	(100,200)	12%
Trauma Care Assistance Revolving Fund	6,639,785	4,426,523	4,857,595	(431,071)	10%
Birth & Death Certificates	6,868,020	4,578,680	4,468,747	109,933	-2%
OMMA	7,400,233	4,933,489	12,142,709	(7,209,220)	146%
OK State Athletic Commission Revolving Fund	254,200	169,467	106,478	62,989	-37%
Tobacco Tax	15,599,550	10,399,700	8,979,743	1,419,957	-14%
Cigarette Tax	11,163,773	7,442,515	5,163,182	\$ 2,279,333	-31%
Tobacco Products Tax	2,588,399	1,725,599	1,834,875	\$ (109,275)	6%
Tribal Compact In Lieu Tax Pmts	1,847,378	1,231,585	1,981,687	\$ (750,102)	61%
WIC Program	55,000,000	36,666,667	27,923,855	8,742,812	-24%
Federal Funds	153,321,111	102,214,074	85,816,705	16,397,369	-16%
Ryan White	25,344,242	16,896,161	12,573,680	4,322,481	-26%
Other	127,976,869	85,317,913	73,243,025	12,074,888	-14%
FY 18 Cash Utilization	28,160,849	28,160,849	28,160,849	0	0%
Reimbursement for Personnel Services	32,097,724	21,398,483	16,772,934	4,625,548	-22%
Other	19,693,474	13,128,983	11,510,175	1,618,808	-12%
Total Revenue	\$ 392,452,843	\$ 271,022,179	\$ 247,821,101	\$ 31,414,989	-12%



**Oklahoma State Department of Health
Statement of Revenues and Expenditures-Continued
SFY 19, For the Eight Month Period Ended February 28, 2019**

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Expenditures:					
Payroll	\$ 148,764,171	\$ 99,176,114	\$ 77,300,140	\$ 21,875,974	-22%
Travel	2,840,473	1,893,649	849,906	1,043,743	-55%
Other Professional Services	65,026,534	43,351,022	18,764,967	24,586,055	-57%
Telecommunications/Printing Services	10,552,832	7,035,221	1,948,072	5,087,149	-72%
Rent	3,149,601	2,099,734	2,331,525	(231,791)	11%
Maintenance and Repair	4,091,029	2,727,353	1,260,089	1,467,264	-54%
Laboratory & Medical Supplies and Materials	14,911,754	9,941,169	6,969,332	2,971,837	-30%
Office/Safety Supplies	1,991,091	1,327,394	382,691	944,703	-71%
WIC Program	57,795,899	38,530,599	29,891,316	8,639,284	-22%
Program Reimbursements	45,063,110	30,042,073	17,037,234	13,004,839	-43%
Payments- Health & Social Services	34,700,259	23,133,506	10,931,232	12,202,274	-53%
Miscellaneous	3,566,092	2,377,394	371,473	2,005,922	-84%
Total Expenditures	\$ 392,452,843	\$ 261,635,229	\$ 168,037,975	\$ 93,597,254	-36%
Revenues Over/(Under) Expense	\$ (0)	\$ 9,386,950	\$ 79,783,126		



**Oklahoma State Department of Health
Forecasted SFY 19 Collections by Fund
Based upon the Eight Month Period Ended February 28, 2019**

Fund	Fund Description	SFY19 Current BWP	Collections	Forecasted Collections	Surplus/(Deficit)
19901	GRF Duties	\$ 54,874,700	\$ 36,583,136	\$ 18,291,568	\$ 4
20300	Genetic Counseling Licens. Rev	25,000	14,600	7,300	(3,100)
20400	Tobacco Prevntn & Cessatn Fnd	1,330,595	725,962	362,981	(241,652)
21000	Public Health Special Fund	69,509,902	49,913,227	24,956,613	5,359,938
21100	Nursing Facility Adm Penalties	23,551	-	-	(23,551)
21200	Home Health Care Revolving Fd	151,000	159,480	79,740	88,220
21600	OK Natl Background Check Revol	1,250,000	933,533	466,767	150,300
22000	Civil Monetary Penalty Revl Fd	1,575,000	1,221,425	610,712	257,137
22200	Oklahoma Organ Donor Education	145,000	60,830	30,415	(53,755)
22500	Breast Cancer Act Revolving Fd	15,000	10,580	5,290	870
22600	OK Sports Eye Safety Prog Revl	150	-	-	(150)
23300	OK Pre Birth Def, Pre Birth &	160	60	30	(70)
23500	Oklahoma Lupus Revolving Fund	165	2	1	(162)
23600	Trauma Care Assistance Revolv	24,323,613	14,524,786	7,262,393	(2,536,434)
24200	Pancreatic Can Res Lic Plt Rev	1,500	1,260	630	390
24800	OMMA Tax Collections	-	376,034	188,017	564,051
26500	Child Abuse Prevention Fund	47,145	28,700	14,350	(4,095)
26700	EMP Death Benefit Revolv Fund	2,800	1,660	830	(310)
26800	OK Emerg Resp Syst Stab & Im	1,787,765	988,415	494,208	(305,142)
28400	Dental Loan Repayment Revolvin	463,670	269,526	134,763	(59,382)
29500	OK State Ath Comm Revolving Fd	254,200	106,478	53,239	(94,483)
34000	CMIA Programs Disbursing Fund	55,000,000	27,923,855	13,961,928	(13,114,217)
40000	Federal Funds	128,166,837	73,243,025	36,621,513	(18,302,299)
41000	Federal Funds - Ryan White	8,438,135	1,495,841	747,920	(6,194,374)
41100	Federal Funds - Ryan White	16,906,107	11,077,839	5,538,920	(289,348)
	SFY 18 Cash Utilization	\$ 28,160,849	\$ 28,160,849	\$ -	\$ -
Total OSDH		\$ 392,452,843	\$ 247,821,101	\$ 109,830,126	\$ (34,801,616)
	Forecasted Collections Over (Under) Budget				\$ (34,801,616)



**Oklahoma State Department of Health
 Schedule of Revenues and Expenditures-Oklahoma Medical Marijuana Authority (OMMA)
 Based on the Eight Month Period Ended February 28, 2019**

Description	YTD Actuals
Revenues:	
Patient License ¹	\$ 5,341,360
Commercial License ¹	9,635,000
Taxes	<u>376,034</u>
Total Revenue	\$ 15,352,394
Expenditures:	
OSDH Salaries ²	\$ 575,895
Other Professional Services ³	268,317
Information Services ⁴	858,533
Office Equipment and Supplies ⁵	52,274
Miscellaneous ⁶	<u>106,281</u>
Total Expenditures	\$ 1,861,300
Total	\$ 13,491,094

Footnotes:

1 Patient licenses are valid for two years. Commercial licenses are valid for one year. License processing began on 08/25/18. License fee collections are sitting in a revolving fund at the State Treasury which is accessible to OSDH for program expenses.

2 A total of 41 staff spent 11,561 hours implementing and operating SQ788, this includes staff time from FY18 and through the period ending February 28, 2019.

3 Includes contractual expenses for Galt Staffing and Call Center.

4 Includes contractual expenses for Complia, OMES Services, and the purchase of various computer equipment. Expenditures for this line (as well as other lines) will increase substantially as invoices are received and paid. Start up costs include \$271,687 for Information Services.

5 Includes office equipment, office supplies, and materials used in creating the license cards and certificates.

6 Start up costs included in Miscellaneous expenses are attributable to moving expenses and postage expenses.



**Oklahoma State Department of Health
Statement of Cash Flows
Based upon the Eight Month Period Ended February 28, 2019**

Fund	Description	Balance at 7/1/18	Revenue	Expenditures	Transfers	Ending Balance
202	Kidney Health Revolving Fund	\$ 0.96	\$ -	\$ -	\$ -	\$ 0.96
203	Genetic Counseling Licen. Rev	43,919.15	14,600.00	(6,218.42)	-	52,300.73
204	Tobacco Prevntn & Cessatn Fnd	1,211,903.56	725,961.71	(503,796.63)	-	1,434,068.64
207	Alternatives to Abortion Servi	22,951.94	-	-	-	22,951.94
210	Public Health Special Fund	6,146,962.87	49,913,226.94	(37,976,635.90)	-	18,083,553.91
211	Nursing Facil Adm Penalty	80,141.92	-	-	-	80,141.92
212	Home Health Care Revolving Fd	719,417.07	159,480.00	(63,347.20)	-	815,549.87
216	OK Natl Background Check Revol	1,414,417.18	933,533.00	(927,471.27)	-	1,420,478.91
220	Civil Monetary Penalty Revl Fd	6,835,805.89	1,221,424.98	(1,617,162.25)	-	6,440,068.62
222	Oklahoma Organ Donor Education	114,724.14	60,829.95	2,092.42	-	177,646.51
225	Breast Cancer Act Revolving Fd	131,697.79	10,580.00	(14,091.09)	-	128,186.70
226	OK Sports Eye Safety Prog Revl	5,040.47	-	-	-	5,040.47
228	OK Leukemia and Lymphoma	63,442.61	-	-	-	63,442.61
229	MS Society Revolving Fund	163.35	-	-	-	163.35
233	OK Prev Birth Def, Pre Birth &	2,264.98	60.00	-	-	2,324.98
235	Oklahoma Lupus Revolving Fund	12,590.85	2.00	-	-	12,592.85
236	Trauma Care Assistance Revolv	4,389,992.95	14,524,785.69	(15,670,687.29)	-	3,244,091.35
242	Pancreatic Can Res Lic Plt Rev	12,837.12	1,260.00	279.58	-	14,376.70
248	Medical Marijuana Fund	-	376,033.99	-	-	376,033.99



**Oklahoma State Department of Health
Statement of Cash Flows-Continued
Based upon the Eight Month Period Ended February 28, 2019**

Fund	Description	Balance at 7/1/18	Revenue	Expenditures	Transfers	Ending Balance
250	Regional Guidance Centers	12.24	-	-	-	12.24
265	Child Abuse Prevention Fund	146,430.00	28,700.00	(12,712.54)	-	162,417.46
267	EMP Death Benefit Revolv Fund	147,756.50	1,660.00	-	-	149,416.50
268	Okla Emerg Resp Syst Stab & Im	3,082,797.36	988,415.23	(632,930.74)	-	3,438,281.85
284	Dental Loan Repayment Revolvin	379,277.38	269,525.52	(302,103.00)	-	346,699.90
285	OK Ins Disaster & Emer Med Rev	1,656.97	-	-	-	1,656.97
290	Ok Safe Kids Asso Rev Fund	860.00	-	-	-	860.00
295	Ok State Ath Comm Revolving Fd	312,241.93	106,477.68	(144,609.61)	-	274,110.00
340	CMIA Programs Disbursing Fund	395,899.67	17,920,864.19	(31,108,463.23)	13,190,396.03	398,696.66
400	Federal Funds	14,803,145.07	73,349,369.51	(67,123,706.88)	(143,024.41)	20,885,783.29
410	Ryan White Funds	-	1,255,467.11	(1,231,007.71)	-	24,459.40
411	Ryan White Drug Rebate Fund	-	11,077,839.14	(6,913,772.39)	-	4,164,066.75
490	American Recov. & Reinv. Act	156,461.11	-	-	-	156,461.11
700	WIC REBATE	-	13,047,371.62	-	(13,047,371.62)	-
Total Other Funds		\$ 40,634,813.03	\$ 185,987,468.26	\$ (164,246,344.15)	\$ -	\$ 62,375,937.14
	State Appropriation 197	10,509,464.29		(1,152,209.13)		9,357,255.16
	State Appropriation 198	17,110,507.13		(3,147,410.01)		13,963,097.12
	State Appropriation 199	-		(23,540,964.51)	36,583,136.00	13,042,171.49
	Fund 994 Payroll corrections	38,412.47		(33,281.97)		5,130.50
	Fund 79901- Clearing Account	3,450,172.44	3,374,472.48	(428,999.04)	-	6,395,645.88
	Fund 79902-Clearing Account OMMA		2,625,308.50			2,625,308.50
		\$ 31,108,556.33	\$ 5,999,780.98	\$ (28,302,864.66)	\$ 36,583,136.00	\$ 45,388,608.65
Restricted Funds						(53,318,468.11)
Ending Balance		\$ 71,743,369.36	\$ 191,987,249.24	\$ (192,549,208.81)	\$ 36,583,136.00	\$ 54,446,077.68



Oklahoma State
Department of Health
Dental Health Service

April 9, 2019

DENTAL PUBLIC HEALTH

Jana S. Winfree, DDS, MPH
Dental Director
janaw@health.ok.gov
(405)271-5502



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**THIS IS PUBLIC
HEALTH.**
thisispublichealth.org | [#thisispublichealth](https://twitter.com/thisispublichealth) | [#TIPH](https://twitter.com/TIPH)

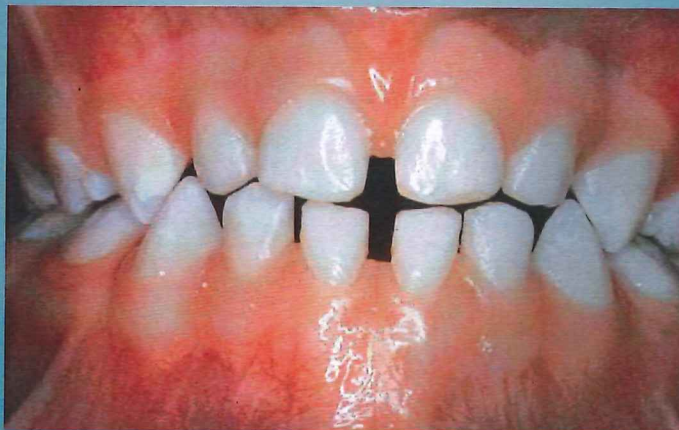
This is Public Health Video
APHA Healthiest Nation in One Generation



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DENTAL PH EDUCATION

For child's healthy happy smile
(WIC, SoonerStart, Home visitation nurses, students, Community baby showers)



Three year old with healthy dentition.

Croll, Theodore, *The Gross, Disgusting and Totally Cool Mouth Book*, ReedDrabickPublishers, 2004



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Healthy Habits for Happy Smiles

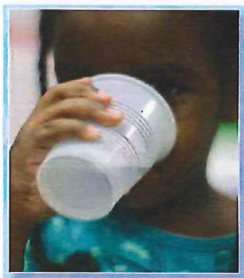


Getting Fluoride for Your Child

Fluoride is found in nature in soil, plants, and water. Fluoride is safe. Drinking tap (faucet) water with fluoride, brushing with fluoride toothpaste, and having a health professional apply fluoride varnish to the teeth are important ways to make teeth strong and prevent tooth decay.



School readiness begins with health!



FLUORIDES

- Fluoride Varnish
- Fluoridated Water
- Fluoridated Toothpaste



National Center on Early Childhood Health and Wellness under cooperative agreement #OH C0013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

National Center on Early Childhood Health and Wellness. 2015. *Healthy Habits for Happy Smiles: Getting Fluoride for Your Child*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.

Photo requiring credit: makelessnoise/FotoJ/CC BY (backpage)



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SILVER DIAMINE FLUORIDE



- Arrests decay / Prevents decay
- No anesthesia
- No drilling
- Less traumatic
- Inexpensive








Figure 1. Primary Incisors Before SDF Treatment.



Figure 2. Primary Incisors After SDF Treatment.

Leon Bragg, DDS, MEd, OHCA, SDF, 2016; Pediatric Dentistry, V 38: No3, May/June 2016 (from ASTDD SDF Fact Sheet, 2017)

Healthy Habits for Happy Smiles

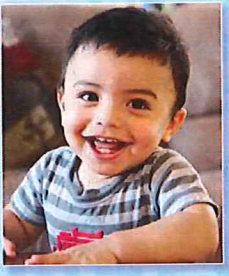


ORAL HYGIENE


- Infants: gently wipe gums
- Young children: a smear
- Older children: ½ to pea-sized
- Assist child until about 6-8 y.o.

Taking Care of Your Baby's Oral Health

Taking good care of your baby's mouth and teeth is important. A baby's first tooth usually comes in at around age 6 to 10 months. Healthy primary (baby) teeth help children chew food and speak clearly.



School readiness begins with health!



National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0003 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Taking Care of Your Baby's Oral Health*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness. Photos requiring credits: vandenn/ Flickr / CC BY-NC (front page, top); Cristian Bernal/ Flickr / CC BY-NC-ND (front page, bottom)

MOM

- Nutrition
 - Feeding practices (bottles/sippy cups)
 - Danger of juice; sugar-sweetened beverages
 - Snack choices
- Mom as role model
- Mom's oral health affects child's oral health

Keeping your mouth healthy is important for
your baby to have a healthy mouth.

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Dental Care During Pregnancy is Safe and Important

A healthy mouth for mother, a healthy start for baby

Pregnant women should have a dental checkup during pregnancy. Good oral health is important for a healthy pregnancy and a healthy start for the baby.

Pregnant women should have a dental checkup during pregnancy.

Good oral health is important for a healthy pregnancy and a healthy start for the baby.

A healthy mouth for mother, a healthy start for baby.

4 Ways Pregnant Women Can Give Their Newborns a Healthy Start

1. Make sure you get regular dental appointments.
 2. Brush with fluoride toothpaste at least twice a day.
 3. Drink fluoridated tap water every day.
 4. Talk to a dentist or doctor about ways to avoid or manage dental pain.

For more information and resources, visit www.aapublichealth.org/healthy-pregnancy and www.aap.org.

American Academy of Pediatrics | child's oral health

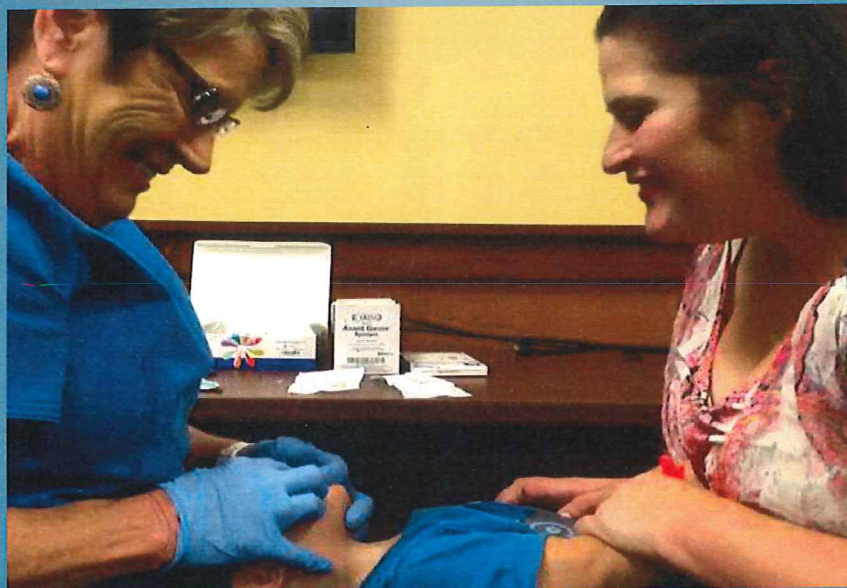
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Fluoride Varnish in County Health Departments

Topical Fluoride Varnish delivered by RNs in County Health Departments
Source: PHOCIS (3/19/2019)

fiscal year	# counties	# clinics	# encounters	# clients	# providers	notes
SFY 15	3	4	4	4	4	Program under development
SFY 16	23	29	2,070	2,004	106	Trainings
SFY 17	35	39	4,296	3,819	130	
SFY 18	33	37	2,744	2,489	116	
SFY 19 (partial)	13	16	875	818	37	Partial year thru March 19, 2019

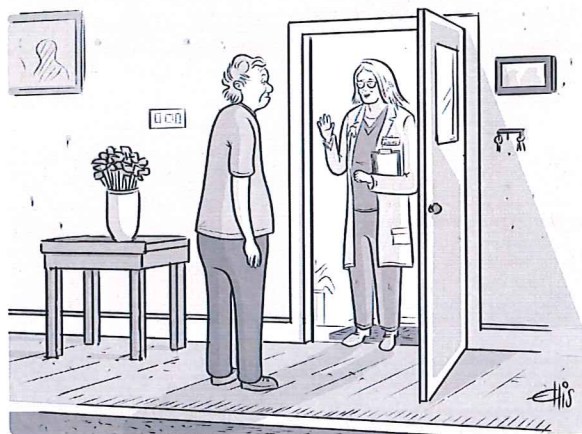
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PH NURSES: LeFlore Co Health Department, Poteau, OK



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*"Do you have a moment to talk about
community water fluoridation?"*



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Department of Environmental Quality (DEQ)



Fluoridation Factsheet

Health Benefits: (Source CDC)

- For 70 years, people in the United States have benefited from drinking water with fluoride.
- Drinking fluoridated water keeps teeth strong and reduces tooth decay by approximately 25% in children and adults.
- The U.S. Community Preventive Services strongly recommends community water fluoridation for the prevention and control of tooth decay.
- Community water fluoridation is supported by the American Dental Association, American Academy of Pediatrics, U.S. Public Health Service, and the World Health Organization.
- Community water fluoridation is the single most effective public health measure to prevent tooth decay, and the CDC named it 1 of the 10 great public health achievements of the 20th century.

Costs: (Source CDC)

- Community water fluoridation is the most cost-effective method of delivering fluoride to all members of the community regardless of age, educational attainment, or income level.
- By preventing tooth decay, community water fluoridation has been shown to save money for both families and the health-care system.
- Unimproved community water fluoridation programs exist even in neighboring communities that are not fluoridated.

Fluoride Levels:

- Optimal fluoride level for good oral health = 0.7 mg/L
- Defendence level = 2.0 mg/L - National Secondary Drinking Water Standard; this level may cause aesthetic effects in developing teeth of children and requires public notice
- 4.0 mg/L - National Primary Drinking Water Standard; (Maximum Contaminant Level) requires public notice
- Level exposures over many years to that level may cause bone disease and require public notice.

Regulation Requirements:

- Analyze the water twice a day for fluoride content, both before and after fluoridation.
- Submit monthly fluoridation operational reports to both DEQ and the State Health Department. DEQ form No. 631-001 is available at: <http://www.deq.state.ok.us/water/fluoform.html>
- Perform monthly check samples of post-fluoridation water comparing water plant lab results to that of a state accredited lab analysis of the water.
- When difference is greater than 0.1 mg/L, take steps necessary to improve accuracy of the water plant lab results.
- Ensure that a copy of the analytical report is forwarded to the State Health Department.

Operational and Construction Standards regulations may be found on the DEQ website at:
<http://www.deq.state.ok.us/water/fluoform.html>
 - 252-624 Public Water Supply Construction Standards
 - 325-631 Public Water Supply Operation amended

Systems that intend to implement fluoridation must:

- Submit plans and specs to DEQ to get a construction permit.
- Notify the DEQ in writing if you have previously fluoridated and want to begin fluoridating again.



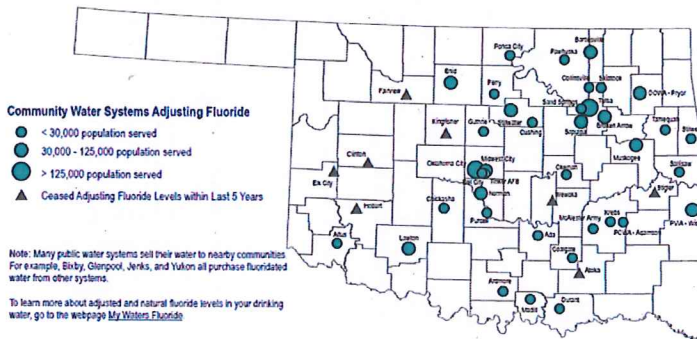
For more information on fluoridation effects and costs contact:
 Oklahoma State Department of Health,
 Dental Health Service,
 405-271-5593
 Visit the My Water's Fluoride webpage at:
http://deq.ok.gov/DOH_MYWATERSfluoride

The DEQ is a part of the Oklahoma Department of Health. The DEQ is a part of the Oklahoma Department of Health. The DEQ is a part of the Oklahoma Department of Health.

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COMMUNITY WATER FLUORIDATION, 2017

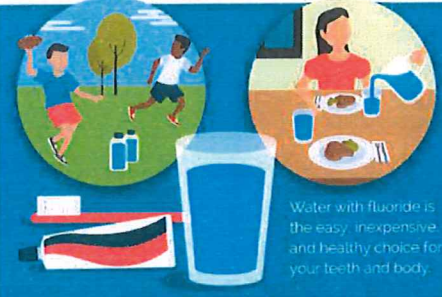
Status of Water Fluoridation in Oklahoma



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COMMUNITY WATER FLUORIDATION

**Strengthen your body:
one glass at a time.**



Water with fluoride is the easy, inexpensive, and healthy choice for your teeth and body.

*Oral health equity begins with
community water fluoridation*



HEALTHY COMMUNITIES **BUILD HEALTHY FAMILIES**


Is your water fluoridated? Visit [My Water's Fluoride](#)

ODLRP

Shortage-area dentists: must see a minimum of 30% Medicaid patients. These patients are predominantly children. Adult Medicaid dental benefits are limited, for the most part, to emergency extractions.

Faculty dentists: teach at OUCOD, valued for the recruitment and retention of faculty and for improving the emerging dental workforce.

Participating dentists: receive \$25,000 per year in monthly installments.



OKLAHOMA DENTAL LOAN REPAYMENT PROGRAM (ODLRP)

What?
The Oklahoma Dental Loan Repayment Act, authorized in 2006, created a program designed to increase the number of dentists serving and caring for those dependent upon the state for dental care and to make dental care accessible to underserved areas by providing educational loan repayment assistance for up to 25 Oklahoma licensed dentists for up to 5 years per dentist. Dentists may also enter the program as faculty at the University of the Oklahoma College of Dentistry, as applicable.

Who?
New dentists who:

- Have graduated from dental school during the last 5 years.
- Have an Oklahoma dental license or faculty permit at the time the service obligation begins.

Why?

- Contribute to your community and reduce health disparities
- Receive \$25,000 per year per dentist toward the repayment of dental school loans. Number of participants and amount of loan assistance is dependent upon the availability of state funds.

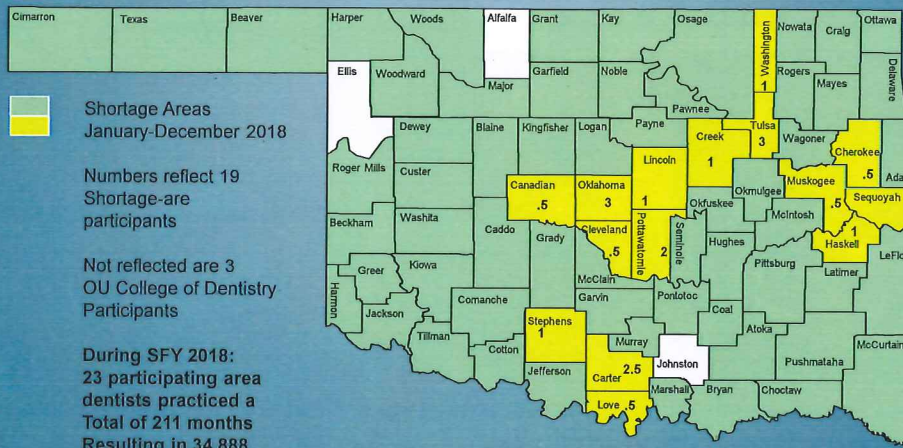
Where?
For more information, guidelines and application forms, please see our website at <http://den.health.ok.gov> or contact us at ODLRP@health.ok.gov

OKLAHOMA STATE DEPARTMENT OF HEALTH
OKLAHOMA DENTAL LOAN REPAYMENT PROGRAM
DENTAL HEALTH SERVICE
1000 NE 10TH STREET
OKLAHOMA CITY, OK 73117

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7

Oklahoma Dental Health Professional Shortage Areas For Purposes of the Oklahoma Dental Loan Repayment Program



Source: Dental Health Service, Oklahoma State Department of Health, 2019

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Testimonials from ODLRP Participants

"The Oklahoma Dental Loan Repayment Program has been great. It has allowed me the opportunity to continue to help the underserved population of Oklahoma."

Dr. William Farmer (Pediatric Dentist, OKC)

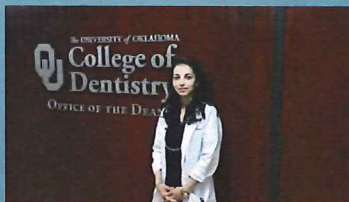


"The Oklahoma Dental Loan Repayment Program has been a blessing. It has alleviated the financial burden of student loan repayments for my family while enabling me to pay my loans off sooner than expected. During this time I've met wonderful patients and provided a service for the community."

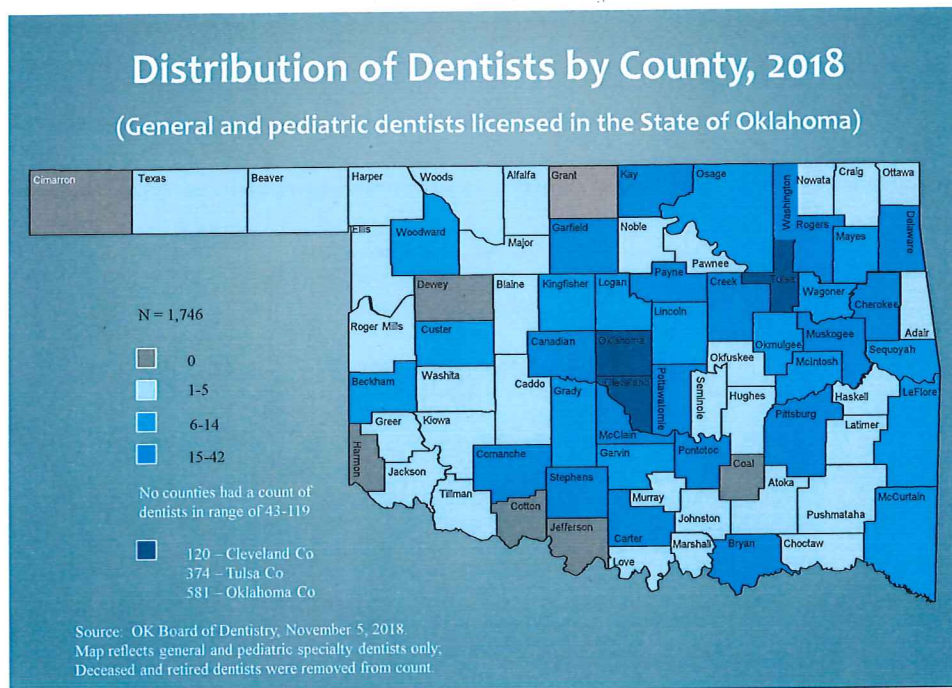
Dr. Meghan Sellmeyer (Skiatook, OK)



"Having the privilege to be part of the ODLRP, has given me the opportunity to be part of OUCOD and to really concentrate as well as enjoy delivering both comprehensive dental education to students and high quality patient care."

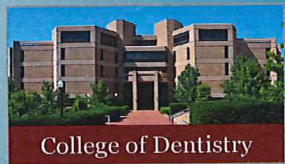


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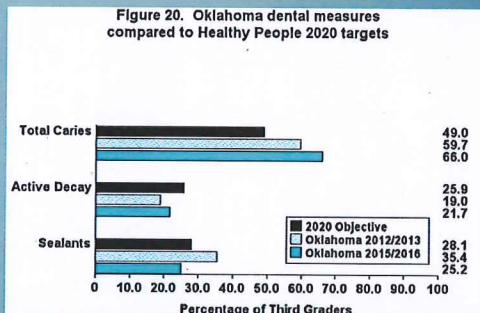
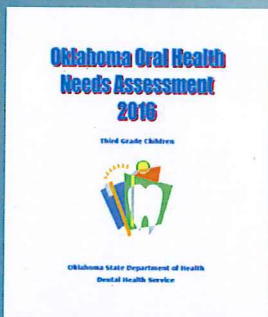
RYAN WHITE GRANT HIV/STD & DENTAL HEALTH COLLABORATION



- Monitor the dental component of the Ryan White Grant
- Verify credentials of dental providers
- Assure appropriateness of care
 - Treatment plans
 - Charting
 - Dental hygiene
 - Oral health education

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ORAL HEALTH SURVEILLANCE, 2016



- 1,285 3rd grade children screened
- 6 schools participated from each of the 6 regions (total of 36 schools)
- Dental hygienists used as screeners
- Choice of passive consent contributed to higher participation rate (67%)
- 66% of Oklahoma 3rd grade children experienced dental decay



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QUESTIONS?

SMILE, BECAUSE YOU CAN.

For 70 years, people in the United States have enjoyed the benefits of drinking water with fluoride.

Fluoride in water. 70 years and going strong. At a faucet near you.

www.cdc.gov/fluoridation

CHOOSE TAP WATER...

...FOR A SPARKLING SMILE!

2min2x!
Brush 2 minutes 2 times a day AND eat healthy for a healthy smile!

ADA.org/needham
Brush two minutes, two times a day. Clean between your teeth daily. Limit snacks, eat healthy meals. Visit your dentist regularly.

ADA American Dental Association



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Childhood Lead Poisoning 2019 Update: A Kay County Perspective

Oklahoma State Board of Health Meeting
April 9, 2019



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Study Objectives

- Part of 5-Year Follow-up Assessment by DEQ
 - Assess prevalence of blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$ in Blackwell children age 6 – 72 months
 - Determine risk factors associated with increased blood lead levels
 - Provide environmental investigations to children with blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$



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Study Overview

- Simple random sample of children age 6 – 72 months living in Blackwell, OK
- Conducted August 31, 2017 – January 5, 2018
- 172 children participated through collection of a blood lead test and completion of a parental questionnaire



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Study Population

Characteristic	N	%
Age at Time of Blood Lead Test		
6 - 36 Months of Age	91	53%
37 - 72 Months of Age	81	47%
Gender		
Female	85	49%
Male	87	51%
Race		
Caucasian	150	87%
American Indian/ Alaskan Native	4	2%
Asian	2	1%
Multiracial	14	8%
Other	2	1%
Ethnicity		
Hispanic	23	13%
Non-Hispanic	149	87%
Year Home Built		
Pre-1950	114	67%
1950 - 1978	48	28%
Post-1978	7	4%
Unknown	3	-



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Blood Lead Levels

- Estimated **prevalence** of BLLs ≥ 5 $\mu\text{g}/\text{dL}$ among Blackwell children is **3.5%** (95% CI: 1.2 – 5.8%)
 - Lower than 2017 surveillance data prevalence of 8.2%
- Geometric mean blood lead level was 1.6 $\mu\text{g}/\text{dL}$



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Demographic and Housing Characteristics

Characteristic	N	Geometric Mean BLL & 95% CI ($\mu\text{g}/\text{dL}$)	Number of EBLL ≥ 5 $\mu\text{g}/\text{dL}$	EBLL Prevalence (%)
Race of Child				
American Indian/Alaskan Native	4	1.61 (1.07 - 2.42)	0	-
Asian	2	1.30 (0.96 - 1.77)	0	-
Caucasian	150	1.61 (1.49 - 1.74)	6	4.0
Multiracial	14	1.74 (1.39 - 2.18)	0	-
Other	2	1.90 (0.91 - 3.97)	0	-
Ethnicity of Child				
Hispanic	23	1.33 (1.15 - 1.55)	0	-
Non-Hispanic	149	1.67 (1.54 - 1.80)	6	4.0
Gender of Child				
Female	85	1.52 (1.38 - 1.67)	3	3.5
Male	87	1.73 (1.56 - 1.92)	3	3.4
Age at Test				
6 - 36 Months of Age	91	1.58 (1.43 - 1.75)	4	4.4
37 - 72 Months of Age	81	1.66 (1.50 - 1.83)	2	2.5
Year Home Built				
Pre-1950	114	1.78 (1.62 - 1.96)	6	5.3
1950 - 1978	48	1.33 (1.20 - 1.46)	0	-
Post-1978	7	1.31 (0.97 - 1.76)	0	-
Home Ownership Type				
Owner Occupied	83	1.43 (1.30 - 1.58)	3	3.4
Rental	77	1.79 (1.62 - 1.99)	2	2.6
Other	12	1.94 (1.43 - 2.63)	1	8.3



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Individual and Household Lead Exposure Hazards

Question	N	Geometric Mean BLL & 95% CI (µg/dL)	Number of EBLL ≥5 µg/dL	EBLL Prevalence (%)
Is there deteriorated paint on porches, fences, garages, play structures, railings, building siding, windows, trim, or mailboxes?				
No	88	1.46 (1.34, 1.59)	1	1.1
Yes	84	1.81 (1.62, 2.02)	5	6.0
Are there visible paint chips near the perimeter of the house, fences, garages, or play structures?				
No	112	1.51 (1.40, 1.63)	1	0.9
Yes	60	1.84 (1.61, 2.11)	5	8.3
To your knowledge, were gasoline or other solvents ever used to clean parts or disposed of at the property?				
No	149	1.55 (1.44, 1.67)	5	3.4
Yes	23	2.14 (1.75, 2.62)	1	4.3
Household member working in a chemical plant, glass factory, oil refinery, or other industry involving lead				
No	121	1.72 (1.58, 1.89)	6	5.0
Yes	51	1.39 (1.25, 1.55)	0	-
Household member involved in remodeling, repairing, renovating dwellings or buildings, or tearing down buildings or metal structures				
No	158	1.57 (1.46, 1.69)	6	3.8
Yes	14	2.23 (1.74, 2.86)	0	-
Household member involved in auto body repair work				
No	151	1.54 (1.43, 1.65)	5	3.3
Yes	21	2.34 (1.90, 2.88)	1	4.8
Does the child play in, live in, or have access to any areas where gasoline is kept?				
No	140	1.54 (1.43, 1.67)	5	3.6
Yes	32	1.99 (1.70, 2.34)	1	3.1
Does the child eat, chew on, or put candy wrappers into his/her mouth?				
No	129	1.52 (1.40, 1.64)	3	2.3
Yes	43	1.97 (1.68, 2.31)	3	7.0



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Property Soil Sampling and Remediation Status

Characteristic	N	Geometric Mean BLL & 95% CI (µg/dL)	Number of EBLL ≥5 µg/dL	EBLL Prevalence (%)
Lead Soil Sampling and Remediation Status				
Property Soil Status Unknown	7	1.56 (1.04 - 2.35)	1	14.0
Sampled- Yard ≤400 ppm; Alley 401 - 750 ppm	13	1.87 (1.48 - 2.36)	-	-
Yard 401 - 750 ppm; Alley ≤400 ppm	18	2.34 (1.76 - 3.10)	2	11.0
Remediated- Yard ≤400 ppm; Alley ≤400 ppm	44	1.89 (1.64 - 2.18)	2	4.5
Sampled- Yard ≤400 ppm; Alley ≤400 ppm	90	1.37 (1.26 - 1.48)	1	1.1
Lead in Soil Status				
Unknown Yard or Alley Risk	7	1.56 (1.04 - 2.35)	1	14.0
No Known Yard or Alley Risk (Lead ≤400 ppm)	134	1.52 (1.41 - 1.64)	3	2.2
Yard or Alley Risk (Lead >400 ppm)	31	2.13 (1.75 - 2.58)	2	6.5
Soil Lead PPM in Yard or Alley, as applicable				
0 - 99 ppm	32	1.24 (1.12 - 1.37)	-	-
100 - 199 ppm	51	1.56 (1.38 - 1.77)	1	2.0
200 - 299 ppm	26	1.64 (1.39 - 1.93)	1	3.8
300 - 400 ppm	25	1.73 (1.42 - 2.12)	1	4.0
401 - 500 ppm	17	2.62 (2.03 - 3.39)	1	5.9
>500 ppm	14	1.65 (1.28 - 2.13)	1	7.1



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Environmental Investigations

- Conducted for 3 children
 - 2 refusals; 1 EI conducted by private inspector
- All investigations found:
 - Lead-based paint hazards
 - Interior lead-contaminated dust
- Two homes had lead-contaminated soil (>400 ppm)



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Study Conclusions

- Children living in Blackwell have a higher prevalence of BLLs $\geq 5 \mu\text{g/dL}$ than children nationwide
- Lead-based paint continues to pose a major environmental hazard
- Lead in soil from previous smelter activity still poses a hazard for certain children



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ATSDR Public Health Assessment

- A citizen request for a Public Health Assessment was made to ATSDR in 2010.
- The Public Health Assessment was posted for public comment (now closed) on September 21, 2018.
- **Conclusion #1** (Public Comment Version)
 - Blackwell residents are exposed (now and in the past) to lead, arsenic, and cadmium in the soil, at various locations, throughout the community at levels that could harm their health.
 - Persons residing in properties that have not been sampled or remediated are at increased risk of harmful effects from exposure.



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ATSDR Public Health Assessment

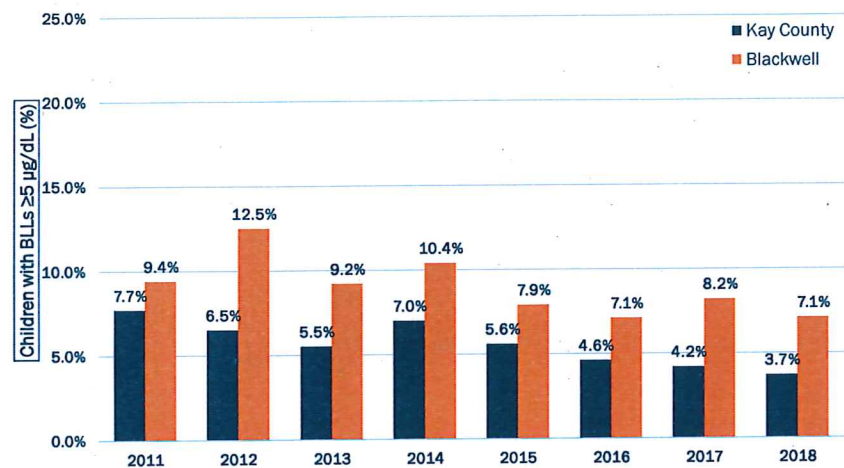
- **Conclusion #1** (cont.)
 - Exposure to lead-contaminated paint and to other sources of lead may harm individuals' health, especially children and fetuses of pregnant women.
- **Conclusion #2** (Public Comment Version)
 - ATSDR reviewed blood lead level data from 2010 to 2016 for children ages 6 months to 6 years in Blackwell, Kay County and the state and found the percent of children with elevated levels in Blackwell was not significantly different from Kay County but both were much higher compared to state test results.



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Reported Childhood Blood Lead Levels ≥ 5 $\mu\text{g}/\text{dL}$ Blackwell & Kay County, 2011 – 2018

OSDH, Oklahoma Childhood Lead Poisoning Prevention Program



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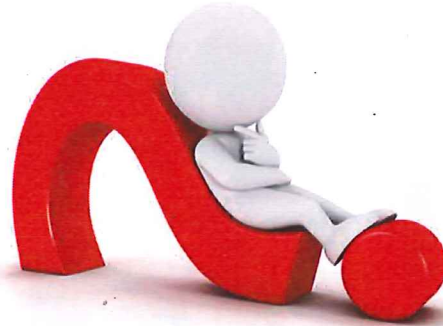
Next Steps

- Enhanced education and outreach
 - CDC education visit
 - Partnership enhancement, building, and engagement
- Kay County Health Department infrastructure rebuilding
- ATSDR/CDC Regional Partnership involvement



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Questions?



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OSDH Proposed Permanent Rule Changes, 2019 Legislative Session				
Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:2; 63 O.S. § 7302	Tanning Facilities Requirements (Subchapter 35)	Establishes rule for certain prohibitions of and signage required for tanning facilities.	Consumer Health Service	State law requiring OSDH rulemaking action
OAC 310:515	Communicable Disease and Injury Reporting	Update to list of reportable diseases and injuries and timeframes for required reporting.	Office of the State Epidemiologist Acute Disease and HIV/STD Public Health Laboratory; Injury Prevention Service	Updating to reflect best practices for disease and injury reporting
OAC 310:615	Ambulatory Surgical Centers	Amends to incorporate by reference the latest standards for Medicare certification; removes outdated references; modifies certain visit frequency.	Ambulatory Surgery Centers	Alignment with federal standards and existing state law
OAC 310:661; 63 O.S. § 1-862	Hospice	Defines aspects of curriculum, instructors, education documentation and violation penalty for hospice administrators.	Medical Facilities Service	State law requiring OSDH action (63 O.S. § 1-862)
OAC 310:667	Hospital Standards	Updates and amends several sections with most current national guidelines (2018 FGI Guidelines for Design and Construction) and revokes outdated references.	Health Facilities Plan Review	Alignment with federal standards.
OAC 310:670; 74 O.S. § 192	Jail Standards	Revised standards addressing definitions and various aspects of jail inspection.	Jail Inspection	Updating to reflect best practices for jail standards and safety

OSDH Proposed Permanent Rule Changes, 2019 Legislative Session

Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:625; OAC 310:630; OAC 310:663; OAC 310:675; OAC 310:677	Certificate of Need; Continuum of Care and Assisted Living; Nursing and Specialized Facilities; Nurse Aide Training and Certification	Amends numerous sections within multiple chapters to remove outdated and disrespectful language with "Individuals with Intellectual Disabilities"	Protective Health Service	Alignment with national and state recognized language. Updating to reflect best practices for use of IID terminology
OAC 310:250	Fee Schedule for Consumer Health Services	Modifies the fee schedule for licensed temporary food establishments and updates the drug manufacturer license.	Consumer Health Service	Update to licensing fees for temporary food events, improve consistency for drug manufacturing licensing fees
OAC 310:550	Newborn Screening Program	Adds conditions to Newborn Screening testing panel and updates outdated language, makes clarifications.	Newborn Screening	Alignment with federal standards. Updating to reflect best practices for Newborn Screening
OAC 310:10; OAC 310:2; 45 CFR 46; 42 CFR 50	Human Subjects Protection	Incorporates by reference updates to federal human subjects rules. Moves language from Chapter 10 to Chapter 2, eliminating duplication.	Center for Health Statistics, Institutional Review Board	Alignment with Federal Standards
OAC 310:535	Immunization	Updates immunization rules to align with Advisory Committee on Imm. Practices	Immunization Service	Discontinued on 3/14/2019, agency has decided to not pursue for 2019 cycle
OAC 310:2	Contracts with Charitable Health Care Providers (Subchapter 27)	Updates language of charitable provider program requirement and responsibilities.	Oklahoma Volunteer Charitable Provider Program; Office of Primary Care	Updating to reflect best practices for charitable health provider registration.

OSDH Proposed Permanent Rule Changes, 2019 Legislative Session				
Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:410	Women, Infants and Children (WIC) Program	Updates rules for WIC concerning retail vendors, revise terminology, reference e-WIC payment system and other and corrections.	WIC	Alignment with federal standards.
OAC 310:681	Medical Marijuana Control Program	Make permanent the emergency rules, with amendments, to the Medical Marijuana program resulting from passage of SQ788 (63 OS 420A).	Oklahoma Medical Marijuana Authority	Update emergency rule to permanent rule, state law requiring OSDH action.
OAC 310:205	Alarm and Locksmith Industry	Revocation of rules on alarm/locksmith industry, due to responsibility being transferred to Dept of Labor	Protective Health	Align with state law. (SB 1866 - 2012) Law transferred authority from OSDH to Dept. of Labor
OAC 310:675	Nursing and Specialized Facilities	Update to rules to comply with CMS and state adoption of NFPA, including exceptions and amendments. Amendments to the rule also include an update to the incorporation by reference from the most current edition of various standards related to fire safety, refrigeration, construction standards and building safety.	Medical Facilities Service	Alignment with federal standards.
OAC 310:9	Health Care Information	Amending rules for OAC 310:9-1, 2 and 3 to define ED discharge data information collection, data files and submission schedule.	Center for Health Statistics	Updating to reflect best practices for hospital data reporting

OSDH Proposed Permanent Rule Changes, 2019 Legislative Session				
Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:2	Procedures of the OSDH (Subchapter 3)	Modifies the method for submitting records requests, timeframes, and fee schedule.	Office of General Counsel	Updating to reflect best practices for state compliance with Open Records Act and improving legal review processes
OAC 310:567	State Central Cancer Registry	Require certain healthcare facilities to report certain cancer data elements and submission schedule.	Center for Health Statistics	Updating to reflect best practices for cancer surveillance, assessment of statewide cases, and reporting
* For summary description please see the Administrative Agency Rule Report as submitted to the Governor, Legislature, and Secretary of State on 4/1/19.				